

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Travis Nobles, DMH
Scribe: April Taylor
Date: 11/28/2007
Time: 10:30 – 11:30 AM
Location: Wycliff Room 429

IPRS Core Team Attendees:

Gary Imes	Others:
x Thelma Hayter	x Cathy Bennett
x Eric Johnson	x Sandy Flores
x Travis Nobles	x Paul Carr
x Cheryl McQueen	x April Taylor
Joyce Sims	x Chris Ferrell
x Jamie Herubin	x Rick Kretschmer
x Mike Frost	Deborah LeBlanc
x Myran Harris	Tim Sullivan

Attendees:

x Alamance-Caswell	x Johnston
x Albemarle	x Mecklenburg
x Catawba	x Onslow-Carteret
x Centerpoint	x OPC
x Crossroads	x Pathways
x Cumberland	x Sandhills
Durham	x SE Center
x Eastpointe	x SE Regional
x ECBH	Smoky Mountain
x Five – County MHA	x The Beacon Center
x Foothills	x Wake
x Guilford	Western Highlands

Attendees:

Item No.	Topics
	<ol style="list-style-type: none"> 1. Roll call 2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Please do not place IPRS Core Team call on hold because of potential distraction to call discussion. 3. Upcoming Check-writes (cut-off dates) – Nov. 29, Dec. 6, 13 4. Agenda items <ul style="list-style-type: none"> • Divested LME's send email to Marjorie.M.Morris@ncmail.net • Checkwrite Schedule for 2008 • Crisis Fund Denials • Single Stream Denials • Beta Test (NPI) Requirements Review <ul style="list-style-type: none"> • 100 records/LME/submission; Format test; full cycle run, 835 • Update scheduled termination: TBD • IPRS Questions or Concerns • MMIS Updates – Chris Ferrell 5. DMH and/or EDS concluding remarks <ol style="list-style-type: none"> a. For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator. <ol style="list-style-type: none"> i. Physician phone analyst (i.e. Independent Mental Health Providers)-1 ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2 6. Roll Call Updates

Next Meeting: December 5, 2007

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.

Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355

M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	Upcoming Checkwrites (cut-off dates) Nov. 29, Dec. 6, 13
4.	<p>Agenda items</p> <ul style="list-style-type: none"> <p>Upcoming Checkwrite (cut-off dates) – November 29 Travis (DMH) – As you know last week we did not have a checkwrite. We do have a checkwrite coming up tomorrow. Are there any questions concerning the upcoming checkwrite?</p> <p>Thelma (DMH) – Everyone remember that tomorrow's checkwrite is technically a December checkwrite and timely filing has already happened.</p> <p>Divested LMEs send email to Marjorie.M.Morris@ncmail.net</p> <p>We met with DMA last week regarding NPI issues. For those LMEs that are divested, you need to send an email to Marjorie.M.Morris@ncmail.net saying that you are divested and want to be considered atypical and you will not be getting an NPI.</p> <p>We asked that LMEs be exempt from the requirement that Medicaid claims have both legacy and NPI. After some discussion, this was agreed upon for claims that come through the IPRS mailbox only. These claims can be submitted with NPI, legacy, OR both.</p> <p>We want to emphasize again the sooner you can beta test for NPI, the better.</p> <p>Pathways: How does this affect web claims? Paul (EDS): The login ID used will determine the mailbox, so you should be fine.</p> <p>Cheryl (DMH): We recently installed a new translator map in the Test environment and it brought to light the fact that, because you are entities (non-individuals), according to HIPAA you are not allowed to have a taxonomy at the billing level. Therefore, you will need to submit a taxonomy on the attending level. This is not yet impacting production. We will let you know when the new map is put into production.</p> <p>Naomi (Guilford): I wanted to go back to DMA allowing the claims going through the 837...what about paper claims? Do they require both the NPI and legacy provider numbers?</p> <p>Thelma: We will have to follow up on this. We will get back to you.</p> <p>Cheryl: Everybody who submits 837 should send in a test file for the new translator map to test the taxonomy on the attending level. When the test is sent to IPRS ECS, please put "Taxonomy Testing" in the subject line of the email.</p>

- Checkwrite Schedule for 2008

Travis: We are in the process of getting this posted to the web, most likely by next Core Team call. The calendar will cover the first six months of 2008.

- Crisis Fund Denial and Single Stream Denials

Just a reminder that these 8508s will be re-processed by IPRS.

- IPRS Questions or Concerns

Sandhills: Question regarding the 119 (EOB 8505 – Claim Denied for Insufficient Budget) denials for single stream LMEs...when are they going to be reprocessed?

Cheryl: Not until we implement the \$0 paid solution. The tech design has been completed, but not signed. We will keep you posted concerning when we start to reprocess those claims.

Sandhills: We have providers reporting corrections, but we can't make adjustments.

Cheryl: I would hold off on those for now.

Sandhills: OK. Thank you.

Cheryl: Anyone who is single stream cannot do adjustments because those claims have been denied. Hold on to those adjustments until we implement the \$0 paid solution.

Q: What about 8508 for Crisis?

Cheryl: You'll continue to get that EOB for crisis until we get the budget criteria out for the new crisis account, which is still in testing. Once that is in place, we will reprocess those claims as well.

Q: The changes that were mentioned concerning the 837 changes to include payment or adjustment fee for the single stream funding?

Cheryl: It's actually on the 835 that comes back to you.

Q: Right, do you know when that will be ready?

Cheryl: That will be a part off the \$0 paid solution.

Q: It will still have a 119 denial?

Cheryl: No, it will be a new code.

Q: And you don't know when that will be ready?

Cheryl: No.

Q: If we have a service that was paid in July and it was paid as a partial payment because the fee was in error on the rate schedule...and now we're single stream funded and we need to adjust the payment...we now need to do it behind the scenes instead of through IPRS adjustments.

Cheryl: If you have a claim that's actually marked paid then you can adjust it and you may have federal funding to pay the claim out of IPRS.

Q: But if the claim received a 119 in October, and was still partially paid, that would have to be handled differently?

Cheryl: Yes, because the 119 is a denied claim, not paid.

Note from Wanda Mitchell in the budget office:

Please copy Wanda Mitchell on the rate requests sent to Kent Woodson to ensure they are processed if Kent is not in the office.

Please cc: Wanda.Mitchell@ncmail.net

- Medicaid Questions or Concerns

DMH and/or EDS Concluding Remarks:

For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.

- Physician phone analyst (i.e. Independent Mental Health Providers)-4706
- Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707

Roll Call Updates